

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/384699

FILING DATE

APPLICANT(S)

09/27/99 04/12/02 04/27/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		5		5		5
7	1		1		1	
8						
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23					1	
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50						
TOTAL IND.	2		2		3	
TOTAL DEP.	23		24		29	
TOTAL CLAIMS	25		26		32	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS